



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Mental Health and Addiction***  
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Anne Waltermann Murphy, Secretary

February 11, 2008

To: Indiana ATR Providers and Provider Applicants

From: Eric L. Scott, Program Manager  
Indiana Access to Recovery

RE: Memo 012 – Changes to a Client Eligibility Criteria February 2009

I am pleased to announce that, as of this writing, 4,595 Hoosiers had received service through Indiana Access to Recovery. Because of this great success we have updated the Client Consent to Participate INATR-002 Form which is posted on the provider SharePoint site under both the Appendix B Forms and in the INATR Forms folder.

There are two major changes to the qualifications necessary to be an INATR client. The first regards client's social security number and address, and the second relates to the qualifications to be a participant in the criminal justice population.

Beginning on February 21<sup>st</sup>, 2009 all clients must show proof of their social security number and address and Recovery Consultants will be required to record the documents used to prove eligibility in the client's file. Acceptable forms of proof of social security number shall include:

- government issued photo ID with a social security number on it,
- or
- government issued photo ID without a number in conjunction with a social security card bearing the same name as the government issued ID.

Acceptable forms of proof of Address shall include:

- government issued photo ID with a correct address on it,
- or
- government issued photo ID without a correct address in conjunction with a piece of business mail delivered to the client at the correct address.

In the case of the criteria for participation in the criminal justice population, the criteria have changed. Prior to this memo the potential client could enter the program if they had been released from in the last 6 months, as of February 21<sup>st</sup>, 2009, participation in the this population will be limited to individuals that have been released from incarceration in the last 45 days, or who will be released in the next six months. As regards diversion programs, drug courts, etc; entering such a program shall be considered as being released from a criminal justice facility.

Please only use the INATR 002 form dated 2/11/2009.

Thank you,

Eric L. Scott  
Program Manager  
Indiana Access to Recovery  
Indiana Division of Mental Health and Addiction

Cc: Diana Williams

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## Indiana Access to Recovery (ATR) – Client Consent to Participate

INATR – 002 – 2/11/2009

- 1- ATR Client Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2- Have you ever received ATR services anywhere in the state of Indiana? ☐ Yes ☐ No
- 3- Are you chemically dependent or addicted to alcohol or another drug? ☐ Yes ☐ No
- 4- Are you legally a minor or juvenile? ☐ Yes ☐ No
- 5- When you are not in treatment, where do you live? \_\_\_\_\_
- 6- What county is that in? \_\_\_\_\_
- 7- How many family members live in your household? \_\_\_\_\_
- 8- What is your annual household income? \_\_\_\_\_
- 9- Have you used Methamphetamine in the last 90 days? ☐ Yes ☐ No
- 10- Have you ever used Methamphetamine? ☐ Yes ☐ No
- 11- Have you been released from prison, jail, or another correctional facility in the last 45 days? ☐ Yes ☐ No
- 12- Will you be released from prison, jail, or another correctional facility in the next 6 months? ☐ Yes ☐ No
- 13- (If client is a woman) Are you pregnant, or do you have dependant children? ☐ Yes ☐ No
- 14- Are you entering this program because you want to actively participate in recovery? ☐ Yes ☐ No
- 15- Did anyone tell you that you had to enter the ATR program? ☐ Yes ☐ No
- 16- Do you want to actively work to recover from substance abuse or addiction? ☐ Yes ☐ No

Under penalty of perjury, I affirm that the information in this "Client Consent to Participate" form is correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I recognize that I am responsible for my recovery and I will do everything in my power to recover from my substance abuse or addiction, and will do everything in my power to assist those individuals that agree to help me as I recover from my substance abuse or addiction.

\_\_\_\_\_  
Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

For ATR Eligibility Questions, please call your Indiana ATR County Representative.